Please provide us with the following information:

- Legal Business Name and DBA of the Company: _____
- Information for Controlling Owner/Officer completing this survey who shall serve as Primary Point of Contact:
  - Name_____
  - Title_____
  - Email_____
  - Phone_____
  - Website _____
- What year was the company organized/incorporated?_____
- How many years' experience does Controlling Owner/Officer have in commercial financing?___
- How many employees does the company have?_____
  - How many work in a sales capacity?_____
- How much in total does the company typically fund per month?_____
- How many units does the company typically fund per month?_____
- Does Company belong to any trade group, association, or other industry-specific advocacy organization (Please list all)?
- What is the most successful type of lead generation strategy your company utilizes?
- What are the top 3 financial products that you fund for your clients (please express answers in percentage of annual funding, i.e. "Lines of Credit – 20%")?
- Who are your top 3 current lending partners?

****DISCLAIMER AND AUTHORIZATION TO SHARE INFORMATION – By submitting this Questionnaire, the Company/Individual listed above does hereby authorize One Team Capital LLC ("OneTeam") to share this Questionnaire and all disclosed information above with its lending partners or their affiliates ("collectively, the "Lending Partners"). All review and qualification of prospective partners is conducted by OneTeam. Lending Partners are authorized to perform any due diligence deemed necessary in their sole discretion. Completion of this Questionnaire is not an offer of partnership nor a guarantee of same. Clearance of pre-qualification shall be further subject to an investigative background check prior to offer of partnership status.****